PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10803332

CLAIMS AS FILED - PART I								SMALL E	NTITY		OTHER	R THAN
<u></u>	OTAL CLAIM		(Column 1)		(Colu	(Column 2)		TYPE		OR	SMALL	ENTITY
TOTAL CLAIMS			16					RATE	FEE		RATE	FEE
FOR			NUMBER FILED .		NUME	BER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			/ minus 20= *					X\$ 9=		OR	X\$18=	
IN	DEPENDENT C	LAIMS				`		X43=		OR	X86=	
Μl	JLTIPLE DEPEI	NDENT CLAIM P	RESENT					+145=		ÖR	+290=	
* If	the difference	e in column 1 is	less than zero, enter "0" in column 2				TOTAL		OR	TOTAL	776	
		LAIMS AS A	MENDED	DED - PART II						4	OTHER	THAN
(Column 1)						(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* ENTATION OF ME	Minus	***	C/ A/A	-		X43=		OR	X86=	
	FIRST PRESE	ENTATION OF ME	JUIPLE DEF	ENDENT	CLAIM		' [+145=		OR	+290=	
							L	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colum	ın 2)	(Column 3)	. ~	DDII. PEE L		,	ADDII. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	• •	=		X\$ 9≈		OR	X\$18=	
	Independent	*	Minus	***	-	=		X43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM		' †	+145=		OR	+290=	
								TOTAL DDIT. FEE	· ·	OR,	TOTAL ODIT. FEE	
	•	(Column 1)		(Colum	n:2)	(Column 3)	^	DDI I. PEE E	· .	•	WDII. FEEL	
AMENDMENT C	•	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	ST ER JSLY	PRESENT EXTRA		RATE	ADDI- TONAL FEE		RATE	ADDI- TIONAL FEE
	Total .	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent		Minus	***		=		X43=	-1	OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OH F		
+ If	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE Is less than 3, enter "3."									OR A	TOTAL DDIT. FEE	
·i	he *Highest Num	ber Previously Paid	For (Total or	Independen	t) is the	highest number	r foun	d in the appr	opriate box	in colu	mn 1.	Ì